

**Neural Prosthesis Program Workshop 2004**  
**Financial Assistance Application for Students and Postdoctoral Fellows**

**PERSONAL INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

INSTITUTIONAL AFFILIATION: \_\_\_\_\_

INSTITUTION ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EDUCATION LEVEL: (undergraduate, graduate student or post-doc) \_\_\_\_\_

Have you previously received an NPP Student Award? \_\_\_\_\_ If so, what year(s) and at what education level(s)? \_\_\_\_\_

**SPONSOR INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

TITLE and POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE SUBMIT**

1. Financial Assistance Application Form
2. Applicant's Current Curriculum Vitae
3. Sponsor's Letter
4. Applicant's Statement of Relevance of own work to Neural Prostheses
5. Abstract, if presenting a poster

**PLEASE SEE FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS FOR FURTHER INFORMATION**

**EMAIL (OR FAX) FORM AND MATERIALS BY July 1<sup>st</sup>, 2004 to**

Meredith Temple-O'Connor, Ph.D.  
National Institute of Biomedical Imaging and Bioengineering  
Phone: (301) 451-4792 Fax: (301) 480-1614  
templem@mail.nih.gov

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| <b>Financial Assistance Application Instructions/Requirements</b> |
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**ELIGIBILITY REQUIREMENTS:** Applicants can be an undergraduate student, a graduate student, a medical student, a post-doctoral fellow or a clinical resident/fellow.

**SPONSOR'S LETTER:** This letter should not exceed 2 pages. The sponsor should submit the letter directly to Meredith Temple-O'Connor (email or fax preferred). Please touch on the following points:

1. Assessment of the applicant's potential capability to make substantive contributions to the field of Neural Prostheses.
2. Comment on the ability of this applicant to interact and benefit from the milieu of this meeting.
3. Is funding pivotal to this applicant coming to this conference?
4. How long has the candidate been working in your laboratory?
5. What is the candidate's anticipated graduation date or date for completion of training in your laboratory?

**APPLICANT'S STATEMENT:** This letter should not exceed 2 pages. Please address the following points:

1. At what stage are you in your career path? When do you anticipate completing that stage and moving to the next in your career path?
2. Your career interests and goals. Where do you envision yourself in five years?
3. Relevance of your work/interests to the field of Neural Prostheses.
4. Do you plan to submit an abstract/poster presentation for this meeting as primary author or co-author? If so, please submit a copy of the abstract (see abstract instructions below).

**ABSTRACT INSTRUCTIONS:**

1. Abstracts should be a maximum of 1 page in length with margins of 1 inch on all edges.

2. The title should be printed using 14 point bold type. The author and affiliation lines follow in 12 point type. Text is in 12 point type with right and left justification. Text can run in one or two columns. A font such as Times Roman is preferred.
3. Acknowledge all sources of support at the end of the abstract.